



JUNE 1999

CLINIC CRER



Volume 5 Issue 2

From the Commanding Officer: Command Excellence

Dear Shipmates,

The Class of '99 has joined the Fleet after a colorful and patriotic Commissioning Week! Thanks to each of you for being part of this special USNA and Navy celebration. The professionalism and pride I saw during the week once more makes me proud to serve with you! I do appreciate the longer hours that you devoted to support the Academy.

Your planning, logistics, marketing, manning the booths, and MWR assistance for the 1999 Health Fair resulted in another successful command event! This was a superb example of our community outreach. Continue to look for examples and opportunities to educate our customers on what we can do for them.

PLEASE ensure your military requirements are complete including page 2 updates, dental, dependent care certificate (if dual active duty couple or single parent), immunizations, and training. This is your military responsibility as we maintain optimum operational readiness.

We have a month to complete preparations for I-Day, Plebe summer and then PRECOMS '01 are upon us. These events are an All-Hands where everyone is part of the success! We are blessed to have so many new people with different experiences that let us look at innovative ways of doing business! And thank goodness for corporate knowledge that serves as the foundation for top customer service, and customer access!

As the "sea salts" know, the YARD swells with families and visitors all summer long. Your professional performance, appearance and famous Annapolis Customer Service will be important as you serve as Clinic and Navy Medicine ambassadors.

The second Leadership Symposium, a Command Assessment Team product, finished with outstanding results. It is important for us to schedule time for our own professional and military development so our leadership skills at all levels grow with confidence and competence.

Thank you for your positive problem-

solving attitudes and "can-do" approach! When I was a detailer, I

told my constituents **BLOOM WHERE YOU ARE PLANTED** and there is no perfect job. ☺ It's how we use our leadership to work with the resources, manpower, personnel, facilities and policies.

June 1 marks the 1 year anniversary of TRICARE implementation. Our new command Customer Service and Managed Care Department will be opening soon; these organizational and space changes will assist us in ensuring TRICARE Business practices are being refined both for the patient and you-the providers! Please help us with your ideas on increasing access for our patients and highlighting process improvement.

Be safe as you enjoy the many Annapolis summer activities! ☺

R/CO



The Bottom Line - Notes from the Editor



Hello again to everyone. Welcome to the mid-month edition of the Clinic Crier. Alright, I will admit that this is the only edition of this month's Crier and it is late. But that fact actually works for this little blurb. I want to point out to everyone that the summer is a very busy time for this Clinic. Most people think that because the Brigade is not here, we are quiet. We all know that this is not true as we gear up for plebe summer and I-Day, go TAD for our jobs and respond to short fused requests for information. Everyone is affected, but you need to realize one thing...we are in this together. Release some stress, take a walk, take a minute and surf the web or even just stare at a blank wall every hour, but most importantly ASK FOR HELP. Please, use the summer as a great time to be with your family and friends and RELAX.

What's in store this month?

"Bloom where you are planted." See what the CO means in "From the Commanding Officer."

Page 1

LCDR John Schindler, MC, wants to know, "How well do you know your heart?"

Page 2

HM3's Forlano, Strasserking and Ngolo in this month's "Shipmates in the Spotlight" by our own C/MC.

Page 3

XO...Not afraid to use the word potpourri.

Page 4

Medical Minute

Active men at less risk for stroke

Cardiology Quiz – How Well Do You Know Your Heart?

Due to the fact that cardiovascular diseases are notoriously the leading cause of death in adults, it is important to understand your risks for heart disease. I decided to include a brief quiz in this issue of the *Clinic Crier* in order to test your knowledge base and hopefully educate some people. Good Luck!

TRUE/FALSE

1. The symptoms of coronary artery disease include exertional chest discomfort and shortness of breath.
2. The majority of heart attacks occur on Monday morning.
3. If you think you might be having a heart attack, the best medication to reach for prior to arriving in the emergency room is aspirin.
4. Women have better outcomes after heart attacks than men.
5. Vitamin E is beneficial for everyone with heart disease.
6. Modifiable risk factors for heart disease include high blood pressure, diabetes, smoking, high cholesterol levels, and estrogen deficient states.
7. The "good" cholesterol is LDL (low-density lipoprotein) and it can be increased by exercise.
8. Homocystine levels should be measured in all patients with heart disease.
9. 250,000 women die annually from coronary artery disease making it the leading cause of death in adult women.
10. Treatment of coronary artery disease is multifaceted and includes medications, lifestyle modifications, angioplasties/stents, and bypass surgery.

Scoring

- 8-10 – Board certified physician
- 6-8 – Resident
- 6-6 – Intern
- 2-4 – Medical Student
- 2-2 – Medical School Applicant

— LT John Schindler, MD
Internal Medicine Physician

NEW YORK, Jun 14 (Reuters Health) — Staying physically active after the age of 40 protects men against stroke, suggests a study published in the June 15th issue of the *Annals of Internal Medicine*.

The report also links poor lung function to an increased risk of stroke. A 10-year study conducted by Dr. Uggi Agnarsson and colleagues at the Icelandic Heart Association and the National University Hospital, Reykjavik, Iceland, found that the risk of stroke was 31% lower in men who remained physically active after the age of 40 compared with their sedentary peers.

Conversely, the risk of ischemic stroke was 90% higher in men who had the poorest lung function on lung function tests compared with men who had the highest levels of lung function. Ischemic stroke, the most common type of stroke, occurs when arterial disease affects blood flow to the brain.

The study involved 4,484 men between the ages of 45 and 80 who were involved in the Reykjavik Study which started in 1967. On entry into the study, participants were asked how often they engaged in leisure-time physical activity as well as the type of sports they participated in. Study participants also underwent lung function testing.

The type of physical activity the men reported did not play a role in reducing stroke risk, although there was a suggestion that low-intensity activities such as walking and swimming might offer the greatest benefit. "The important factor associated with the protective effect seems to be regular physical activity maintained into ages at which the risk for stroke increases," Agnarsson and colleagues state.

In contrast, the investigators found that men with the poorest lung function are more likely to have an ischemic stroke than those with good lung function, even if they do not smoke. The researchers attribute the link between poor lung function and stroke risk to genetic and environmental factors

that contribute to fitness.

SOURCE: *Annals of Internal Medicine*
1999;130:987-990.

Heat-related deaths preventable

NEW YORK, Jun 11 (Reuters Health) — Close to 400 people die every year in the US due to heat-related illnesses, according to the Centers for Disease Control and Prevention (CDC). Such deaths are largely preventable, the federal agency notes.

"During 1979-1995, exposure to extreme hot temperatures caused an annual average of 381 deaths in the United States," according to a CDC report issued on Thursday.

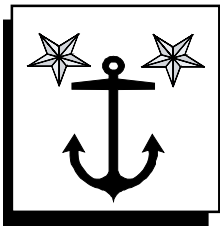
The youngest and oldest members of the population — infants and people over 65 — are at greatest risk when temperatures are sustained at or above 105 degrees Fahrenheit during the day, and 80 degrees at night, note health officials.

"Measures for preventing heat-related illness and death include spending time in air-conditioned environments, increasing nonalcoholic fluid intake, exercising only during cooler parts of the day, and taking cool-water baths," write CDC officials. "Elderly persons should be encouraged to take advantage of air-conditioned environments (e.g. shopping malls and public libraries), even if only for part of the day."

People who live alone, or have cardiovascular disease or respiratory disease have an added risk for heat-related death. Others with increased risk include those taking certain drugs, such as antipsychotics, major tranquilizers, tricyclic antidepressants, antihistamines, some over-the-counter sleeping pills, and some drugs used to treat Parkinson's disease.

When a heat wave is predicted, families and friends should check on homebound elderly, and take precautions with children, according to the CDC. People required to spend time outdoors for work should beware of signs of heat exhaustion, such as dizziness, weakness, and fatigue.

SOURCE: *Morbidity and Mortality Weekly Report* 1999;48:469-473.



From the Command Master Chief SHIPMATES in the SPOTLIGHT

HM3(FMF) DOMINIC FORLANO – General Duty Corpsmen NEC 0000/8404. HM3 Forlano reported aboard on 10 May 1996 and he is currently assigned to the Patient Administration Department with subsequent assignment to the Preventive Medicine Department and is now “on loan” to the Immunizations Department – whew, its tough being sooooo talented ☺. Since reporting aboard HM3 Forlano has served in Health Records, Occupational Health, Immunizations (Allergy) and Preventive Medicine. Petty Officer Forlano is an experienced Allergy Technician, Battalion Corpsman, and Field Medical Technician. His past service assignments include 2nd FSSG, 2nd MARDIV, and NH Camp Lejeune. His hobbies include sports and computers. Petty Officer Forlano was our Junior Sailor Of the Quarter for the 1st Quarter in 1998. HM3 Forlano and his wife, Crystal, reside in Annapolis with their daughter Laurel, son Dominic and new daughter Elizabeth. His home State is Illinois.

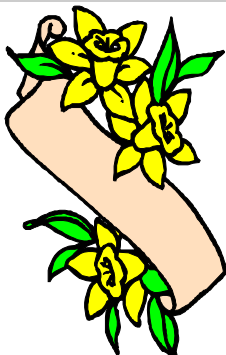
HM3 FIONA STRASSERKING – General Duty Corpsman NEC 0000. HM3 Strasserking reported aboard on 26 December 1998 and she is currently working in the Military Medicine Department. This is her first tour of duty since graduating from HM ‘A’ School. Her hobbies include music (vocals/key-board), jigsaw puzzles, and basketball. HM3 Strasserking currently resides in the BEQ. Her home of record is Wheaton, Maryland, and she is a citizen of Sierra Leone.

HM3 ANN NGOLO – Pharmacy Technician NEC 8482. HM3 Ngolo reported aboard on 1 January 1999 and she is currently working in the Pharmacy Department. She is a new graduate of the Navy’s Pharmacy Technician ‘C’ School so this is her first tour of duty as a Pharmacy Technician. HM3 Ngolo’s hobbies include soccer, volleyball, track, music, church, and community service. Her home of record is Wilkes-Barre, Pennsylvania.

Welcome Aboard Shipmates!

Kudos to:

New Petty Officers HM3 Derrick Cruz, HM3 Fiona Strasserking and HM3 Ann Ngolo
LCDR John Schindler, MC and LT Rhonda Gabel, NC on their promotions.
CAPT John H. Wilckens
and
CDR J. Christopher Daniel
on the recent publishing of their individual research.
HM2 Michelle Rindahl
on receiving her Bachelor of Science Degree in Health Care Management.



*Ms. Jan Heaton
and
Ms. Shermaïne Robinson
would like to express their
thanks for the wonderful support
they received from their family
here at NMCL Annapolis during
their periods of grief.*

Career Corner



Hello Shipmates,

Good news to all enlisted! After weeks of arduously laboring over the keyboard, HMCS Rogers and myself have worked all the bugs out of the Job Application and Selection Service (JASS). Unfortunately, JASS is for enlisted service members only. This system is the new way of selecting your future duty station without having to contact the detailer directly. Approximately every two weeks the detailers download all the new requisitions that are received from around the fleet. This means that every two weeks you can look at what is available to you. I will send out an e-mail message approximately one week before the new JASS requisitions are posted to give you a chance to talk to your family and spouse about possible duty stations. Remember you are on shore duty so your next rotation will be sea duty, a ship, overseas or with the Marines. After requisitions are posted we have one week to respond to the detailers. This will also give you time to ponder your next duty station. So, if you are in your nine month window and are planning on staying in the Navy, unsure about staying in the Navy but would like to see what opportunities are offered to you, or just have a question about transfer, contact HMCS Rogers or myself. We will find you the answer.

Also I would like to give special thanks to Mr. Jason Joy for all his patience and help.

-Submitted by HM2(SW) J.A. Klimczak
Preventive Services Career Counselor

**SEE YOUR NAME HERE! SUBMIT
ARTICLES WRITINGS DRAWINGS AND
KUDOS TO: CINCRC@USMCDNAVY.MIL**

Executive Officer Potpourri

You can tell I am a sensitive 90's kind of guy when I use terms like potpourri. But I have a variety (potpourri) of issues I need to update the command.

Space issues: The Pediatric Department is currently undergoing renovation to add office spaces in the area where health promotions (and the old ER) were located due to increasing number of patients seen. A wall has been added and painting and cabinetry work should be commencing soon. We are probably going to add a passage thruway in the back to allow provider walk through without entering reception area. I think an appropriate name for this renovated department is the CAPT Hargrove Pediatric Center!

Sometime in the latter part of June, if all goes well, we would like to move the newly conceptualized Managed Care Department into the spaces occupied previously by industrial hygiene (across from the previous Preventive Medicine spaces). The members of the department will be discussed later in another forum.

After these moves, preventive medicine, Industrial Hygiene and Health Promotions are slated to be moved after some minor details are finalized. We are also awaiting details on the status of the need (if any) for an in-house TRICARE service center, the possibility of the Customer Service Center moving to FT Meade, and further guidance on utility sharing with the academy (on property shared) which may affect future decisions on ownership of spaces.

Civilian worker issues: Last year we were given guidance by higher authorities to cut 4 FTE's from our employment force by fiscal year 2000. That would be the equivalent of 4 civilian workers lost in two years. To date we have managed to deflect and prevent the loss of any of our civilian workforce. The CO's and my philosophy continues to be that all of our civilian employees are valued and necessary. Of course we will continue to use business case analysis techniques to maximize their best utilization. And that can sometimes rapidly

shift, as needs change. Ergo, many of the civilians PD's are subject to change as we adapt and accommodate our organizational changes and increasing number of patients.

It came to our attention that remarks made by several speakers at the leadership forum were interpreted as being demeaning to the civilian attendees. We can assure you, especially from knowing the speakers personally, that the remarks were not intended to be demeaning. Better words should have been chosen by the speakers to make their examples. The Command and the speakers know the civilian workforce here is the foundation upon which we build our military team. You are all valued and necessary for our long-term survival as a premier medical command.

We are looking at hiring two temporary employees to help with plebe summer activities and CHCS mini-registration processes. To date we have not had many applicants. If you know of any candidates for a GS level 3 temporary work position please let us know.

Other civilian positions that are actively being recruited but not yet filled include psychologist and industrial hygiene positions. We will keep you posted on these events as they transpire.

The long awaited mock-RIF and REDE team reports arrived and provided minimal utilitarian guidance. My opinion of the reports: We will continue to conduct business at NMCL-Annapolis in the manner that we, the military, civilian, contractor and volunteer work force decide as a team what is best for our patients and staff.

We have many students, "stash" ensign, TAD active duty and reservists that will be helping us this summer. Please make sure you welcome them and properly orient them to your respective departments.

I look forward to a productive, labor intensive, interesting, exciting, safe and fun filled summer at the misnamed "sleepy little clinic on the Severn River".

Clinic Happenings

Flag Day	June 14
Hospital Corps B-Day Picnic	June 17
Hospital Corps Birthday Ball	June 19
I Day - 1	June 30
I Day	July 1
Independence Day (Day Off!)	July 5



Gavin Anthony Disney
6lbs 7ozs
to
HM3 Jessica Disney
May 20, 1999

Elizabeth Marie Forlano
7lbs 11ozs
to
HM3 Dominic Forlano
May 31, 1999

Ryan Edward Ramirez
to
LT Dale Ramirez
June 11, 1999



Mr. Dennis Yeddo
to
6/13/99
HM3 Julie Marie Czosnyka

Hail
and
Farewell

Hail to:
LT Russell - Pharmacy
HN Hairston - Laboratory
HM3 Kopp - Pro Dev
HA Perez - Patient Admin

Farewell to:
LCDR Auth - Retire to CIVLANT
HM2 Rindahl - CIVLANT
PCSA Stoffer - CIVLANT